

FILED APR 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8681

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1036</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City.</u> c. LENGTH OF STAY (in this place) <u>2 1/2 months</u> d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Steva Nursing Home</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u> d. STREET ADDRESS (If rural, give location) <u>1123 High Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Cora</u> b. (Middle) <u>Edith</u> c. (Last) <u>Wheeler</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 6, 1949</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>June 21, 1869</u>		9. AGE (in years last birthday) <u>79</u>		10. UNDER 1 YEAR Months _____ Days _____	
11. BIRTHPLACE (State or foreign country) <u>Knox County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>Chas. Wilson</u>		13b. MOTHER'S MAIDEN NAME <u>Alice E. Bell</u>	
14. NAME OF HUSBAND OR WIFE <u>William A. Hilsbeck</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Pearl Miller</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>none</u> <u>none</u> <u>none</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>none</u>		22. I hereby certify that I attended the deceased from <u>Aug 1948</u> , to <u>Mar 6, 1949</u> , that I last saw the deceased alive on <u>Mar 5, 1949</u> , and that death occurred on _____ m., from the causes and on the dates stated above.		23a. SIGNATURE <u>J. Harvey Jennett, M.D.</u>	
23b. ADDRESS <u>424 Professional Bldg Kansas City Mo</u>		23c. DATE SIGNED <u>3-6-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-6-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Moberly</u>		24d. LOCATION (City, town, or county) (State) <u>Moberly, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Dixon L. Kelly</u>		25. ADDRESS <u>Indep. av</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1036

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Signed _____
Student Embalmer

Student Embalmer No. 230

Signed _____

Licensed Embalmer No. 4228

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.